

MANAGED RISK MEDICAL INSURANCE BOARD
Healthy Families Program Advisory Panel Summary
Meeting of May 6, 2003
Sacramento, California

Members Present: Jack Campana, Santos Cortez, DDS, Heather Bonser-Bishop, Ronald Diluigi, Jose Carvajal, Elizabeth Stanley-Salazar, Ellen Beck, MD, Michael Kirkpatrick

Board Members Present: Virginia Gotlieb

Staff Present: Lesley Cummings, Irma Michel, Lorraine Brown, Tom Williams, Janette Lopez, Doug Skarr, Mary Watanabe, Laura Gutierrez

Audience Present: See attached list

Introductions

Jack Campana, Healthy Families Program (HFP) Advisory Panel Chair, opened the meeting by introducing himself and asking Panel Members, staff and the audience to introduce themselves.

HFP Advisory Panel Vacancies

Irma Michel, Deputy Director of Eligibility, Enrollment, and Marketing for MRMIB, reviewed the vacancies on the HFP Advisory Panel for a Subscriber with Special Needs Child and Health Plan Community Representative. She reported that she had received some responses to the solicitation letter. Mr. Campana encouraged the Panel to recruit for the vacancies in their communities.

Health Status Assessment Report

Doug Skarr, Research Program Specialist for MRMIB, presented a summary of the report on Health Assessment Project – First Year Results. The report was presented at the last Panel meeting, but the Panel asked for another presentation to have more time to discuss this report. Mr. Skarr reviewed the survey process, first year results and key findings.

Panel member Ellen Beck, MD, asked if data was available on the socioeconomic status of the sample and would appreciate seeing that information. Mr. Skarr responded that MRMIB does have the ability to analyze the data by socioeconomic status.

Lesley Cummings, Executive Director for MRMIB, stated that the report shows that HFP is improving the quality of life for children, but does not provide a sense of how extraordinary the results are. She added that the researchers said that the results were astounding.

Panel Member, Heather Bonser-Bishop, asked how the results compare to Medi-Cal. Mr. Skarr stated that Medi-Cal does not have a similar study that he is aware of and that MRMIB is fortunate to be able to do such a study thanks to the David and Lucile Packard Foundation. Ms. Bonser-Bishop stated that she would like to see Medi-Cal to do a similar study so that the two could be compared. It would be great to compare Medi-Cal to HFP to see if the HFP health plan model is effective. She added that as the nation is looking at universal care, HFP should be used as a model for Medi-Cal.

Panel Member, Santos Cortez, DDS, asked that chronic condition be defined. Mr. Skarr stated that the survey participants were given four options: depression, asthma, Attention Deficit Hyperactivity Disorder (ADHD) or other. For other, the survey had a blank line where the participant could write in any other chronic condition. Dr. Cortez stated that the Surgeon General recently released a report stating that oral disease is five times as prevalent as asthma. He asked why this had not been included in the survey and stated that it would be positive to show that dental disease is chronic, but improves with access. Mr. Skarr stated that initially, participants were allowed to list what was chronic, but none listed dental issues, probably because this was considered a health survey.

Mr. Skarr stated that the participants were very enthusiastic and the sample size was the largest sample size used with this instrument. The response rate was significantly higher than response rates of similar studies. Ms. Cummings stated that this is the first outcome data for the State Children's Health Insurance Program (SCHIP) population of its kind in the country. Mr. Campana stated that in his discussions with one of the researchers, the researcher said that this is like explaining hot water. Unless you really feel it, it is very hard to explain. Doing such a study that is the first of its kind allows us to really see it and touch it. It confirms what we believed that providing health access, especially to children, results in a significant improvement. He added that this should be kept at the top of the Panel's agenda.

Panel Member, Elizabeth Stanley-Salazar, stated that the report was wonderful and significant and the results should be used to demonstrate the need to expand HFP. She asked if anyone reaches out to non-respondents. She assumes that substance abusers are in the non-responsive group and that those in the non-responsive group are probably "at-risk". Mr. Skarr stated that the project had not attempted to follow up with non-responders. Ms. Stanley-Salazar added that the Department of Social Services is working on a report for the Federal Government and that this report would be useful to the stakeholder workgroup.

Lorraine Brown, Deputy Director of Benefits and Quality Monitoring for MRMIB, stated that the Board is fortunate that the Packard Foundation funded the survey and the results have been shared publicly and with the plans. She added that as MRMIB moves into contracting and begins talking about quality improvement activities for the HFP procurement, one of the topics that will be included is what to do about outcomes and how a plan can target children that are "at risk". MRMIB needs to start thinking about how to improve what is currently being done to make sure "at risk" kids are getting the maximum benefit from the program.

Ms. Bonser-Bishop stated that the results are fabulous and demonstrate that costs can be reduced by improving health care. She stated that this report should be used to educate the Legislature. Ms. Cummings responded that the report had been distributed to the Legislature and encouraged the Panel to share it with those that would benefit from it.

Panel Member, Ronald Diluigi, asked if similar studies have been done in mainstream health care. Mr. Skarr responded that he would follow up with Dr. James Varni, the author of the tool, to find out if there are any other projects that have been conducted for other populations. Mr. Diluigi added that policy makers need to grasp the importance of this study. Mr. Campana added that it is important to show the importance of having access to care.

Mr. Skarr presented a supplemental report to the Health Status Assessment Report that was done in response to questions from the Board regarding “at-risk” and adolescent populations.

Ms. Stanley-Salazar stated that the results support speculations about access to care. She expressed her appreciation to MRMIB staff for their efforts in measuring performance. She stated that she wished Medi-Cal would measure performance so that the two could be compared. She added that utilization is also an important measure.

Dr. Beck asked if the dollar amount saved from the improvements shown in health status could be calculated for this study as it had been for health status studies in adults. She added that this data could be very relevant to the Legislature.

Mr. Campana reviewed the items to be presented at the next meeting. He asked Mr. Skarr to ask Dr. Varni about research beyond HFP and to find out if there are any studies being done by Medi-Cal. He also recommended that oral health be included next time such a study is done. Ms. Cummings responded that MRMIB could contact the Packard Foundation about whether they had funding for a Medi-Cal health status assessment study and would tell Medi-Cal that the Panel encourages them to do such a study.

When Mr. Richard Brantingham of DHS joined the meeting, Mr. Campana asked him whether Medi-Cal is doing any research on improved quality of life as a result of health coverage in Medi-Cal. Mr. Brantingham said that there are many studies and he would have to see if one has been done. He added that it would have to be done by an outside entity because the State does not have the money. Mr. Campana asked him to do some research and let Ms. Cummings know if there has been such a study.

Dr. Cortez asked if the report had been given to the Governor. Ms. Cummings responded that it had been given to the Governor and the legislature. It is on the MRMIB website, the Governor’s website and had been in the media. Ms. Brown added that MRMIB staff is looking to have it published in peer review journals, as well. She stated that the report had been distributed to the national SCHIP directors.

Dr. Beck recommended that it also be sent to the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). Ms. Brown responded that MRMIB did send the report to stakeholders, including the AAP. Dr. Cortez requested that a copy be sent to the American Academy of Pediatric Dentistry (AAPD) and stated that he would provide the contact information to Ms. Brown.

Review and Approval of the February 4, 2003 HFP Advisory Panel Meeting Summary

The February 4, 2003 HFP Advisory Panel Meeting Summary was approved as distributed.

Health Plan Quality Performance Measurement

Ms. Brown stated that at the last Panel meeting, there was insufficient time to discuss the Health Plan Quality Performance Report and as requested by the Panel, she has brought the report back to the Panel for discussion. Ms. Brown also indicated that she would update the Panel on the staff activities with respect to health plan quality performance measurements.

The first activity is the reconvening of the Quality Improvement Work Group. The Work Group is reviewing the current way MRMIB is measuring plan performance and will be making recommendations for changes. Ms. Brown reviewed the minutes from the February 18, 2003 Work Group meeting and provided an update on the new measures being proposed. She stated that the minutes from future meetings of the Work Group would be shared with the Panel.

Ms. Stanley-Salazar stated that this is incredibly important work and suggested that someone from the Department of Social Services be invited to sit on the Work Group. She also suggested that the Work Group look at outpatient services for chemical dependency.

Dr. Cortez stated that looking at the number of school days missed will be an important factor in dealing with the Legislature and suggested that the instrument be adjusted to get this information.

Dr. Beck asked if there was a Peds QL type survey for dental. She also asked if there was a tool available that looked at orthodontia. Ms. Brown stated that the measures being looked at do not include orthodontia, but she would bring the suggestion back to the Work Group.

Ms. Brown stated that for the last three years, MRMIB has been collecting data on specific performance measures that provide a feel for how the program is performing and how each plan is doing. She added that Mr. Skarr had developed a framework for looking at plan improvement and achievement. This framework was presented to the Quality Improvement Work Group to discuss how to improve deficient areas and recognize those plans that are doing well.

Mr. Skarr explained the framework and stated that it is a simplified approach to quality performance measurement plan by plan. The framework will be used to identify best practices and to develop plans for improvement.

Ms. Brown stated that the Quality Improvement Work Group is discussing ways to improve the report and encouraged the Panel to pass on their comments as well.

Dr. Beck asked if there was a way to link the Peds QL results to the quality improvement results. Mr. Skarr stated that there is a way to link any data that is received and to do further analysis.

Ms. Stanley-Salazar asked if there was a way to force plans to take action or if there were any provisions to use financial incentives to reward plans for their performance. Ms. Brown responded that the Work Group was looking at incentives for performance, but that there is

little money to do so. She added that they are looking at what other states SCHIP programs are doing, as well as private insurers.

SB 59 Report

Ms. Brown provided an overview of SB 59 (Escutia). She asked for input from the Panel on ways that SCHIP dollars can be used to address the needs of vulnerable populations and said that she would like to have a second round of discussions to refine the ideas to meet Title XXI requirements. She added that staff would prepare a report for the Panel and public comment.

Mr. Diluigi stated that MRMIB should try to get the biggest result and suggested expanding coverage to include parents and expanding coverage to children. Ms. Cummings stated that the focus must be on vulnerable populations such as immigrant children, homeless children, children facing health disparities, children with special care needs, children in foster care and others. Mr. Diluigi suggested expanding HFP to cover 300% Federal Poverty Level (FPL).

Ms. Stanley-Salazar stated that when looking at vulnerable populations, outreach is important. She doesn't think that we are maximizing the enrollment of those that might be vulnerable. She asked if the money could be used for child protective services or kinship care. Mr. Diluigi asked if federal dollars could be used for outreach. Ms. Brown stated that MRMIB staff would need to look at the ideas and the requirements of Title XXI. Ms. Cummings added that MRMIB has asked if a county match to federal dollars could be used for outreach.

Ms. Cummings reviewed the SCHIP Title XXI federal funds summary and total HFP 1115 waiver spending projections.

Dr. Cortez stated that he was impressed with the autistic children in his practice and that there is no funding for their health care needs. He added that this diagnosis has been the highest in California in the last three years.

Dr. Beck suggested using the funds for undocumented children or case management services for troubled kids. She stated that when a child and family are in trouble, there is a need to provide case management to buy services that are needed, such as counseling. She stated that there needs to be a network of care for children that fall between the cracks.

Panel Member Michael Kirkpatrick, suggested providing a summary of services to homeless children that may be Medi-Cal eligible at some point, but may lose coverage.

Mr. Campana stated that chronic absenteeism for kids with asthma is a problem in the schools and there is a need for a social service component to health care in schools. Ms. Stanley-Salazar stated that there needs to be outreach to populations that are eligible for HFP or Medi-Cal that are not aware of these programs. She added that they are very high risk and the performance outcomes show that this program makes a huge difference. She added that sustaining children being enrolled is a large savings in the long run, but there needs to be outreach to get enrollment.

Dr. Beck suggested using vans to reach migrant workers and homeless children. She added that providers needed to be educated about programs and resources that are available.

A member of the audience stated that the focus should be on enrollment, but also on disenrollment.

AB 495 (Diaz) Update

Janette Lopez, Supervising Manager for the Eligibility, Enrollment and Marketing at MRMIB, presented an update on the status of implementing AB 495 (Diaz). She stated that she has received eight proposals to expand coverage. Four counties (Santa Clara, Alameda, San Francisco and San Mateo) have existing “Healthy Kids” expansion programs in place. For these counties, MRMIB has sent in a State Plan Amendment (SPA). Four more counties (San Bernardino, Los Angeles, San Joaquin and Santa Cruz) have Healthy Kids Programs in development. Ms. Lopez added that in these eight counties, the plan is an expansion up to 300% FPL.

Mr. Kirkpatrick stated that some counties already have programs and asked if AB 495 has different requirements. Ms. Lopez responded that she is working with the counties on what the Fed’s will approve and they have aligned their program to ours. The differences are in the SPA.

Mr. Diluigi asked if counties can use private sector dollars. Ms. Cummings responded that there are federal rules on the type of funds they are allowed to use and they can not use any money where there is a conflict of interest. Mr. Diluigi asked if a group of large employers could provide dollars. Ms. Cummings responded that the Centers for Medicare and Medicaid (CMS) has said that it will not accept employer dollars for federal match.

Enrollment, Disenrollment and Single Point of Entry Report

Ms. Michel reviewed the HFP Enrollment, Disenrollment and Single Point of Entry Summary for April. Ms. Michel stated that the full report was available on the website.

Dr. Beck asked if exit surveys were being conducted or other efforts to find out the reason for disenrollment. Ms. Michel responded that a chart with this information was presented at the last meeting and a low percentage of applicants responded. She added that this is an ongoing effort.

100% Campaign’s Report on Retention

Karina Moreno with the 100% Campaign presented a chart that outlines the different recommendations and strategies for retention of children in Medi-Cal and HFP. Ms. Moreno acknowledged MRMIB staff for meeting with Kristin Testa and others to have ongoing conversations. She stated that some of the items have been done and others are pending with the cooperation of MRMIB staff. She added that the key thing they are working on is the coordination between the two programs and synchronizing the renewal process. Their other recommendation is on data tracking, particularly on the Department of Health Services (DHS) side and tracking why kids fall off. She stated that Medi-Cal does not track like HFP.

Ms. Moreno presented a fact sheet on AB 1163 (Frommer) and reviewed the six things that the legislation does. She also provided a list of organizations that are supporting the legislation.

Administrative Vendor Contract

Ms. Michel provided an overview of the proposal review and evaluation process for the administrative vendor contract for HFP, Access for Infants and Mothers (AIM) Program and Single Point of Entry. Ms. Michel announced that after a thorough review and evaluation of the two proposals, the staff recommendation to the Executive Director was to award the contract to MAXIMUS. The evaluation team concluded that MAXIMUS illustrated that they knew what MRMIB's needs are and what the objectives are. Additionally, MAXIMUS offered many enhancements. She stated that one of the enhancements would be to offer application assistance over the phone. The applicant would be able to call an 800 number and have someone assist them in their own language, the application would be printed and mailed to the applicant for signature.

Ms. Cummings stated that this is a decision that the Board has made, but the Board depends on funding from the Administration and the announcement is assuming that funding is approved in the budget process. Ms. Cummings added that the contract would take effect January 2004.

Ms. Michel added that one of the other enhancements was to increase the follow up phone calls from three to five attempts and to send out a second notice to reapply. In addition, MAXIMUS agreed to do internet training and some face-to-face training. The internet training will be available in English and Spanish. Ms. Michel discussed several of the other enhancements that MAXIMUS will provide. She added that the contract with MAXIMUS would be an \$80 million savings over five years.

Kathryn Lowell with MAXIMUS introduced herself and stated that she looks forward to working with MRMIB and the Panel. She stated that MAXIMUS is a government services firm that serves only government and that most of their employees came out of government service. MAXIMUS currently runs twelve enrollment programs across the country.

Future Meeting Dates

The Panel agreed on the following future meeting dates:

Tuesday, July 29, 2003
Tuesday, November 4, 2003